

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

IMPORTANT: Indicate type of committee you are reporting for: **4**

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party

Phil Hildebrand

Office Sought

District (if Senate or House)

Mayor

Kristine L. Young 515-266-2261
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

11-19-03
 DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A December 1st REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one ☐ ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
<u>11-4-03</u>
County & Local Committees, enter County in which Election is held
<u>Polk</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 1583.80**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

750.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

2333.80**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2333.80

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

0

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

443.14

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

0**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Phil Hildebrand for Mayor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/05/2003	ID# CK#	Martha Miller Pleasant Hill 5230 E. Oakwood Dr. IA 50327		\$ 100.00	
09-05-2003	ID# CK#	Skip Conkling Altoona 516 - 6th St NW IA 50009		200.00	
09-05-2003	ID# CK#	Rosemary Moody Pleasant Hill 5285 E. Oakwood Dr. IA 50327		25.00	
09-22-2003	ID# CK#	Bill Peters Des Moines 2909 Fleur Dr. IA 50321		500.00	
10-02-2003	ID# CK#	Mark Woofee Clive 14567 Woodcrest Dr. IA 50325		100.00	
10-02-2003	ID# CK#	Tim Rasmussen Des Moines 295 NW 66th Ave IA 50313		100.00	
10-02-2003	ID# CK#	Teff Rasmussen Johnston 5246 NW 72nd St IA 50131		100.00	
10-02-2003	ID# CK#	Kurt Rasmussen Johnston 6846 NW Beaver Dr. IA 50131		100.00	
10-02-2003	ID# CK#	Bev Jeffries Altoona 1271 Bentwood Ct IA 50009		100.00	
10-02-2003	ID# CK#	Andrea Morse Pleasant Hill 380 NE 56th St IA 50327		100.00	
SUB-TOTAL				\$ 1425.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FAKED

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Phil Hildebrand for Mayor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-02-2003	ID# CK#	John Gamble Adel 2463 - 270th IA 50003		\$ 100.00	
10-02-2003	ID# CK#	Richard Moffitt Grimes 8385 NW 121st IA 50111		100.00	
10-02-2003	ID# CK#	Michael Myers Urbandale 2530 - 73rd St IA 50322		100.00	
10-02-2003	ID# CK#	Robert T Myers Waukee 2005 Olson Dr. IA 50263		100.00	
10-02-2003	ID# CK#	James Myers Urbandale 2530 - 73rd St IA 50322		100.00	
10-02-2003	ID# CK#	Todd Raba Clive 13953 Lake Shore Dr. IA 50325		100.00	
10-02-2003	ID# CK#	Jeffrey Nelson Ankeny 1509 NE Trilein Dr. IA 50021		100.00	
10-02-2003	ID# CK#	Gregory Abel Des Moines PO Box 657 IA 50303		100.00	
10-02-2003	ID# CK#	David Caris Des Moines 5401 Woodland Ave IA 50312		100.00	
10-02-2003	ID# CK#	Jack Alexander Clive 14689 Woodcrest Dr. IA 50325		100.00	
SUB-TOTAL				\$ 1000.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

FAXED

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Phil Nildebrand for Mayor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-02-2003	ID# CK#	John Bergeson 750 - 91st St NE Runnells IA 50237		\$ 100.00	
10-02-2003	ID# CK#	Colleen Nelson 1509 NE Trilein Dr. Ankeny IA 50021		100.00	
10-02-2003	ID# CK#	Denny Franzen 595 Aston Woods Ct Venice FL 34293		100.00	
10-02-2003	ID# CK#	Linda Franzen 595 Aston Woods Ct Venice FL 34293		100.00	
10-06-2003	ID# CK#	Tim Murphy 1925 SE 82nd St. Runnells IA 50237		20.00	
10-06-2003	ID# CK#	Bret Nuckolls 9910 Hammon Tree Urbandale IA 50322		100.00	
10-06-2003	ID# CK#	Tim Gauge 307 NW Rock Creek Cir Ankeny IA 50021		100.00	
10-06-2003	ID# CK#	Scott Temple 8012 Tiburon Pl Johnston IA 50131		100.00	
10-06-2003	ID# CK#	Bert Sewell 2941 NW 75th Pl Ankeny IA 50021		100.00	
10-06-2003	ID# CK#	Tim Mallicoat 1295 Bentwood Ct Altoona IA 50009		100.00	
SUB-TOTAL				\$ 920.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

FAKED

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Phil Hildebrand for Mayor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/11/03	ID# CK#	The Printer Inc.	Flyers	\$ 2,284.30
11/19/03	ID# CK#	Phil Hildebrand	Labels / Records	49.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2333.80
TOTAL (if last page of this schedule)				\$ 2333.80

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

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(for Schedule B)

